

INDUSTRIAL USER INSPECTION CHECKLIST

1. Industry Name/ID#: Sapa Extruder, Inc.
2. Site Address(s): 330 Elmwood Drive, Mountain Top, PA
3. Mailing Address: _____
4. Contact (1): Alex Patterson
5. Title: Pre-Treatment Coordinator
6. Telephone Number: 570-474-5935 ext. 203
7. Contact (2): Michael Ernest
8. Title: Plant Manager
9. Telephone Number: 570-474-5935 ext. 248

Credentials presented to whom ? _____

Inspector(s)/Participant(s):

<u>Name</u>	<u>Agency/Company</u>	<u>Telephone Number</u>
<u>Garth Connor</u>	<u>EPA</u>	<u>215-814-3209</u>
<u>Alex Patterson</u>	<u>Sapa</u>	<u>570-474-5935</u>
<u>Matt Sullivan</u>	<u>Entech Engr.</u>	

POTW: Mountain Top Joint Sewer Authority Permit No. N/A

Inspection Date: May 24, 2017

A. GENERAL INFORMATION

1. Why was IU selected for site visit?

Periodic visit, not to assess a reported problem or issue.

2. General Description of Processes and Products.

The Facility does extrusion and anodizing of aluminum.

3. a. Categorical Industry ? Yes ___ No X

b. Category(s): _____

Subcategory(s): _____

Regulatory New Source Date _____

- c. New Source ? Yes ___ No X

- d. List of categorical processes

N/A, SIC code is 3354 (extrusion of aluminum products)

- e. List other operations producing wastewater.

Facility has a wash-line which produces wastewater, and a cooling tank.

It produces about 35,000 gallons of wastewater per day.

4. Are any alternates to effluent monitoring conducted?
(e.g., TTO/TOMP requirements)? Yes ___ No X

Describe: Oil & grease are monitored as a TTO alternative.

5. Provide production rates for all processes subject to
production based standards.

<u>Process</u> <u>for</u>	<u>Production Rate Used</u> <u>for calculating Limits</u>	<u>Production Rate</u> <u>Last 12 Months</u>
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6. Any anticipated changes in processes or production rates?

Yes ☐ No ☒ If yes, describe steady, not changing.

7. SHIFT INFORMATION

<u>No. of Employees</u>	<u>Hours</u>	<u>Work Days</u>
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Shift 1: largest shift is from 7 AM to 3 PM.

Shift 2: _____

Shift 3: _____

Total: A total of 250 employees on all three shifts.

8. Is production seasonal? Yes ☐ No ☒

If yes, describe _____

B. CHARACTERIZATION OF WASTEWATER DISCHARGES

1. Describe time of day discharge to sewer occurs.

Discharge is constant but is not 24 hours per day.

2. Are discharges seasonal? Yes ☐ No ☒

If yes, describe _____

3. Attach a block flow diagram of manufacturing process, chemical storage area, and wastewater generated. Identify all

regulated, unregulated and dilution wastewater discharges. Include sampling location, discharge flow rates and method of

disposal.* Note any recent changes.

* Disposal Method

CD - Continuous discharge to sanitary

ND - Not discharged or disposed

BD - Batch discharge to sanitary sewer

HH - Hauled as hazardous waste

OD - Other disposal - not to sanitary sewer

HW - Hauled as nonhazardous waste

C. PRETREATMENT FACILITY

1. Pretreatment installed ? Yes X No
2. Attach a schematic of the pretreatment facility (include all units and sludge storage)
3. Briefly describe treatment processes and operation.

Facility has 3 mixing tanks, and does pH adjustment.

Staff also add in a polymer to precipitate solids,

And have a clarifier and the solids are pumped out to a filter.

4. Describe sludge storage and disposal method.

Solids are filter-pressed, dried and shipped to a nearby landfill.

5. Describe appearance of effluent at time of inspection.

Clear, pre-treatment system was working properly.

D. SELF MONITORING

1. Does facility have a sampling plan or protocol including use of 40 C.F.R. Part 136 techniques (obtain copy)?

Yes X No _____

2. Is sampling location (B.3) the same as in control mechanism?

Yes X No

If no, explain

3. Is this sampling location permanently identified by a sign, painted number or other means? Yes ☒ No ☐

4. Is this sampling location appropriate? Yes ☒ No ☐

If no, explain _____

5. Is this sampling location shown on the chain of custody form?

Yes ☒ No ☐

6. Are any parameters monitored by approved methods more frequently than required at permitted sampling location?

Yes ☒ No ☐

If yes, are all results submitted to the Control Authority?

Yes ☒ No ☐ (Results sent electronically to POTW)

7. Does facility resample and report within 30 days of discovering a violation? Yes ☒ No ☐

8. Are sampling records maintained on site? Yes ☒ No ☐

For how long? Indefinitely, records aren't ever discarded.

9. a. Is flow determined as required by permit?

Yes ☒ No ☐

b. How is flow determined (i.e., estimated or **measured**)?

Ultrasonic Flow meter records the actual flow.

c. Is flow measurement location appropriate?

Yes ☒ No ☐

d. Is flow measurement device calibrated?

Yes ☒ No ☐ N/A ☐ How often? 1/month

10. Does the facility have an operators manual for its pH meter? Yes ☒ No ☐

11. Does the facility do proper 2-point calibration of its pH meter in accordance with the operator's manual?

Yes X No

12. Is other monitoring equipment (e.g. DO meter) calibrated?

Yes No N/A X How often ?

13. Is sampling and analysis done in-house or by contract?

Contractor, Hawk Mountain Labs does the analysis

14. Is QA/QC program for sampling and analysis adequate?
(obtain copy of plan if available)

Yes X No If no, explain

15. Describe any deficiencies in the self-monitoring program.

None, an excellent program.

E. HAZARDOUS WASTE MANAGEMENT

1. Is IU aware of RCRA regulations? Yes X No

2. Does facility generate any hazardous waste ?

Yes X No (Spent sodium hydroxide used in their process).

If yes, indicate type of waste, method of management on site and means of disposal on a separate sheet. Describe any spillage problems or any other releases that are observed. **Large-Quantity Generator of Haz. Waste.**

3. Has facility notified POTW and EPA of any hazardous waste discharges to the sewer?

Yes No N/A X

F. SPILL PREVENTION

1. a. Has the facility had any spills or been responsible for slug loads ?

Yes ___ No X Unknown ___ N/A ___

- b. If yes, was POTW notified ?

Yes ___ No ___ Unknown ___ N/A X

2. Does the facility have spill notification procedures posted ?

Yes X No ___ Unknown ___ N/A ___

3. Has the facility evaluated its need for a spill prevention plan at least every two years? Yes X No ___

If yes, was it determined that they needed one?

Yes X No ___

4. Does the IU have a spill prevention (SP) plan to address spills to the POTW?

Yes X No ___ Unknown ___ N/A ___

5. Did the IU follow procedures outlined in the spill plan at the time of spills?

Yes ___ No ___ Unknown ___ N/A X

6. Were procedures effective in containing spill ?

Yes ___ No ___ Unknown ___ N/A X

7. Is the facility keeping records of spill events ?

Yes X No ___ Unknown ___ N/A ___

8. Have there been any changes in spill procedures recently ?

Yes ___ No X Unknown ___ N/A ___

Describe: _____

9. General Comments: _____

G. **RECORDKEEPING REVIEW** (based on inspector's observations)
(indicate Y (in file) or N (not in file))

1. Current IU control mechanism ? Y

2. Notices and correspondence with control authority
including:

a. Self monitoring report transmittals ? Y

b. BMR if required? N/A

c. Other ? _____ Y

3. Do sampling records include:

a. Date of sampling event ? Y

b. Time of sampling event ? Y

c. Name of sampling person and affiliation ? Y

d. Sample collection method ? Y

e. Method of sample preservation ? Y

f. Description of sample location ? Y

g. Name of person conducting analysis ? Y

h. Date of analysis ? Y

i. Time of analysis, if applicable (i.e., BOD, Cr⁺⁶)? Y

j. Sample analyses method ? Y

4. Is type of sample as specified in control mechanism ? Y

5. Are all parameters monitored at the required
frequency ? Note any discrepancies in section K. Y

6. Analytical results ? Y

7. a. Are all monitoring results sent to the Control

- Authority ? Y
- b. Copies to POTW? (Electronic) Y
8. Appropriate production records for production based standards ? Y
9. Documentation of flow rates and volumes ? Y
10. Are records maintained at least 3 years ? Y

H. EPA SAMPLING

1. Were samples taken? Yes ___ No X

If yes, attach sample results.

2. Describe sampling location, method & time.

N/A

I. STORMWATER

1. Does facility have a stormwater permit? Yes X No ___

If yes, describe what type of permit along with issuance and expiration dates

PADEP staff in the Scranton-Wilkes Barre office issued the facility a NPDES permit just for storm water.

2. Does facility have a stormwater pollution prevention plan?

Yes X No ___

3. Describe any BMP's that the facility is currently implementing

Facility staff sweep parking lot frequently to prevent small pieces of aluminum from washing offsite via storm water runoff. There is a retention pond.

J. CURRENT COMPLIANCE STATUS

1. Indicate compliance status with:

- a. effluent limits in-compliance
- b. monitoring in-compliance
- c. recordkeeping/reporting in-compliance

2. Describe compliance related problems noted during inspection

None, facility seemed well run, and overall had good house-keeping.

K. OTHER COMMENTS